



Declaration for Nomination and Oath of Candidacy

26

FOR FILING
OFFICE ONLY

Filed this day of APR 27 2021, 20
Document #
Fee paid: ☐ cash ☒ check ☐ credit
By: [Signature]
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for
office of:

City Council, Ward 4

Full name of office including district and/or department numbers if applicable



Name of Political Party

OR ☒ Nonpartisan

Candidate Name (printed exactly as it should appear on the ballot): Mary Hernandez

Mailing Address

PO Box 1114

City and State

Billings, MT

Zip Code

59103

Residence Address

3110 Radcliffe Drive

City and State

Billings, MT

Zip Code

59102

County of Residence

Yellowstone

Contact Phone

406-9984229

Email Address

maryhernandez.08@gmail.com

Website Address

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot):

Mailing Address:

Residence Address:

Phone:

Email Address:

Website Address:

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

☒ Candidate Filing Fee, if applicable, in the amount of \$ 72.00 is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Signature of Candidate

Date

3 May 2021

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of

Yellowstone

Signed and sworn to before me this

day of

May, 20 21

by

Maria (Mary) Hernandez

Printed Name of Candidate

Barbara Cox

Signature of Notary or Public Official

Barbara Cox

Printed Name of Notary Public

Notary Public for the State of

Residing at:

My commission expires:

, 20

Where to file Federal, Statewide, State District and Legislative offices:
Montana Secretary of State
P.O. Box 202801
State Capitol Building, 1301 E. 6th Ave
2nd Floor, Room 260
Helena, MT 59620
Online: sosmt.gov/elections/filing/
Fax: 406-444-2023

Where to file County, City and most Local District offices:
County Election Office
A list of county election offices may be found at: sosmt.gov/elections

